



Board of Supervisors Memorandum

August 16, 2021

Assistance to Local School District Boards

Background

As you know, the Arizona Legislature adopted legislation that restricts school districts from requiring students, teachers and staff to be masked in an effort to slow the spread of COVID-19. The matter is presently before the Courts through pending litigation with the Phoenix Union School District. Therefore, the question is unsettled at this time other than the Legislature enacting prohibitive legislation without public review or public input.

School District Cooperation

The County has a long history of collaborating with our local school districts on public health issues that predate COVID-19. The County public health agency, the Pima County Health Department, will continue to support decisions made by our local school district boards and superintendents. We believe these individuals are best suited to evaluate local conditions and require certain activities to minimize the spread of a communicable disease such as COVID-19. Indeed, there is an existing statutory mandate that requires parents and schools to document the status of six different vaccines at the time of enrollment and a condition for entry in the learning environment. (Attachment 1)

Unfortunately, the COVID-19 issue has been politicized with the parties in opposition citing everything but informed public health policies, statistics and analysis. To surrender well-established public health standards, practices or scientifically proven outcomes to political rhetoric, it is both unfortunate and illogical.

County Position

For this reason, the County must take a positive role in supporting those local school boards who make decisions based on local conditions to require certain COVID-19 protective measures such as requiring masks for students, teachers and staff in the K-12 schools. Today, data and analysis supports there are accelerating infections of students in the K-12 system. More importantly and even more telling, is the number of COVID-19 infections in those students who are not year eligible for vaccination, which means the ages of 11 and under. These age-ineligible children are essentially defenseless against COVID-19. The least we can do is provide them the defense of universal indoor masking in the school environment.

Because of this, it is appropriate the County rise to the defense of local school districts who choose to require face masks for students, teachers and staff in the K-12 setting. In addition, some districts may choose to only require masks for students under 12 years of age.

The Honorable Chair and Members, Pima County Board of Supervisors

Re: **Assistance to Local School District Boards**

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A fundamental principle of public health is to apply specific mitigation measures to local conditions. This Board action would support the individual decisions of schools and districts to require certain measures to minimize the spread of certain communicable disease, including COVID-19, such as a K-12 mask requirement or a mask requirement for all students under 12 years of age.

Recommendation

I recommend the Board of Supervisors approve a policy that our County public health agency, the Health Department, can provide technical assistance, tailored public health orders, and expert testimony to support local school districts who make the decision to require face masks for students, teachers and staff and to join as a party in any litigation initiated by the State to assist in the defense of a decision of that local school district.

Sincerely,



C.H. Huckelberry
County Administrator

CHH/anc – August 12, 2021

c: Jan Leshar, Chief Deputy County Administrator
Francisco García, MD, MPH, Deputy County Administrator & Chief Medical Officer,
Health and Community Services
Carmine DeBonis, Jr., Deputy County Administrator for Public Works
Sam Brown, Chief Civil Deputy County Attorney, Pima County Attorney's Office
Terry Cullen, MD, MS, Public Health Director, Pima County Health Department

ATTACHMENT 1

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY

Grades K-12 (School year 2021-2022)

- Requirements are shown below as stated in [Arizona Administrative Code, R9-6-702](#), Table 7.1 and Table 7.2
- Please review the [Arizona Immunization Handbook for Schools and Child Care Programs](#) along with the [Vaccine Catch-up Flowcharts & FAQs](#) for further information and details about immunization requirements and exemptions.
- Vaccines must follow ACIP minimum intervals and ages to be valid. See page 2 for minimum interval and catch-up schedule information.
- The 4-day grace period only applies to vaccine-administration minimum age and intervals. Refer to the Handbook for questions.



Vaccine	4-6 Years Old and attendance in Kindergarten or 1 st grade	7-10 Years Old	11 Years and Older
HepB Hepatitis B	3 doses The final dose of HepB must be given at 24 weeks of age or older. Only 3 doses are required if the 3 rd dose was received at or after the child was 24 weeks of age; otherwise 4 doses are required.		
Polio Poliomyelitis (IPV) For OPV see page 2	4 doses The final dose of polio must be received at/after 4 years of age and at least six months after the previous dose. Only 3 doses are required if the 3 rd dose was received on/after the child's 4 th birthday and at least six months after the 2 nd dose. Additional doses may be needed to meet requirements. See pg. 2 for retrospective history guidance.		
MMR Measles, Mumps and Rubella	2 doses Minimum recommended age for dose 1 is 12 months. A 3 rd dose will be required if dose 1 was given more than 4 days before 1 st birthday.		
VAR Varicella (chickenpox)	1 dose Minimum recommended age for dose 1 is 12 months. 2 doses, at least 4 weeks apart, are required if dose 1 was given at 13 years of age or older.		
DTaP, Tdap, Td Diphtheria, Tetanus, and Pertussis	5 doses of DTaP The final dose of tetanus-diphtheria containing vaccine must be received at/after 4 years of age and at least six months after the previous dose. Only 4 doses are required if the 4 th dose was received on/after 4 years of age; in certain situations an additional dose may be required, up to a maximum of 6 doses (before age 7).	4 doses of tetanus-diphtheria-containing vaccine (or combination of DTaP, Td or Tdap doses). At least one dose at/after 4 years of age and at least 6 months from previous dose. 3 doses (with one at/after 4 years) is acceptable if the first dose was given on/after 1 st birthday; otherwise refer for an additional dose.	1 dose of Tdap is required If the student does not have a Tdap but received a dose of tetanus-diphtheria-containing vaccine within the past 5 years, refer for the adolescent Tdap dose when 5 years has passed since that dose. If a student has received 1 valid dose of adolescent Tdap (age 10 years or older), no further doses are needed. Students must have minimum series of 4 doses of tetanus-diphtheria-containing vaccine; 3 doses acceptable if the 1 st dose was given on/after 1 st birthday.
MenACWY or MCV4 Quadrivalent Meningococcal	Retrospectively: Menomune (Meningococcal Polysaccharide) vaccine was a quadrivalent vaccine so is acceptable; however, production of this vaccine was discontinued in February 2017. Menomune doses are considered acceptable for school requirements.		1 dose of MenACWY is required A dose administered at 10 years of age will meet the requirement.

ARIZONA GUIDE TO IMMUNIZATIONS REQUIRED FOR ENTRY – Minimum Interval/Catch-up Guidance

Grades K-12 (School year 2021-2022)

Vaccine	Dose #	Minimum Age	Minimum Interval Between Doses	Notes
HepB Hepatitis B	dose 1	Birth	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Some children may receive a birth dose and then a combination vaccine resulting in a total of 4 (or more) doses. At long as the interval between doses is met, 4+ doses meet requirement. 2 doses, at least 4 months apart, meet the requirement if the child received the adolescent series using the Merck Recombivax HB Adult Formulation when the child was 11-15 years of age.
	dose 2	4 weeks	At least 8 weeks between dose 2 & 3 (or final)	
	dose 3	24 weeks	At least 16 weeks between dose 1 & 3 (or final) AND at/after 24 weeks of age	
Polio IPV or OPV	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> Retrospectively: 1) A final dose given on or after August 7, 2009, must be given at or after 4 years of age and a minimum interval of 6 months from the previous dose. 2) Students who received 4 doses (with at least 4 weeks minimum intervals between doses and/or before the age of 4 years) PRIOR to August 7, 2009 have met the requirement. OPV given prior to April 1, 2016 will be presumed to be trivalent and therefore acceptable, regardless of age, or country, of administration. Any OPV doses administered on or after April 1, 2016 are presumed to be bivalent and therefore unacceptable. Poliomyelitis vaccine is not recommended in the U.S. for individuals 18 years of age or older; however, a complete series is still required for school attendance.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 4 weeks between dose 3 & 4	
	dose 4	4 years	At least 6 months between final dose and previous dose (could be final dose 3 or final dose 4)	
MMR Measles, Mumps and Rubella	dose 1	12 months	At least 4 weeks (28 days) between dose 1 & 2	<ul style="list-style-type: none"> If MMR dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).
	dose 2	13 months	-	
VAR Varicella (chickenpox)	dose 1	12 months	At least 3 months between dose 1 & 2 4 weeks (28 days) between doses if administered at age 13 or older	<ul style="list-style-type: none"> If varicella dose 1 was given more than 4 days before the 1st birthday, another dose is required. MMR and varicella vaccines are live vaccines and must be given on the same day or at least 28 days apart (this rule also applies to live nasal influenza doses).
DTaP, Tdap, Td Tetanus, Diphtheria, and Pertussis	dose 1	6 weeks	At least 4 weeks between dose 1 & 2	<ul style="list-style-type: none"> DTaP is licensed for children through age 6. If catch-up doses are needed at age 7 or older, Tdap or Td should be used to start/complete the series. A Tdap given at age 7-9 years of age does not count for the 11- year old Tdap requirement; a Tdap should be given once 5 years has passed since last dose of tetanus-diphtheria containing vaccines was given. Retrospectively, if a child received a Tdap at age 10 as part of a catch-up series, or inadvertently earlier than the recommended age of 11-12, the dose may be counted as the adolescent dose and is acceptable to meet school requirements. Once a valid adolescent Tdap dose has been received, a tetanus booster is recommended when 10 years has passed since last dose of tetanus-containing vaccine.
	dose 2	10 weeks	At least 4 weeks between dose 2 & 3	
	dose 3	14 weeks	At least 6 months between dose 3 & 4	
	dose 4	12 months	At least 6 months between dose 4 & 5	
	dose 5	4 years	In general, a child should not receive more than 4 doses prior to the 4 th birthday or a total of 6 doses prior to the 7th birthday; however, the child should still receive a dose at/after 4 years of age and at least 6 months from previous dose	
MenACWY, MCV4 Meningococcal	dose 1	10 years		<ul style="list-style-type: none"> Only quadrivalent meningococcal ACWY vaccine doses will be accepted. The vaccines given currently in the U.S. are Menactra, Menveo, and MenQuadfi. No monovalent or bivalent meningococcal vaccinations will be accepted (MenA, MenB, MenC, or MenC/Y).